Œ
m
m
Ľ
D
7
_
\triangleright
Œ
Ш
_
\mathbf{C}
0
¥
9
~

Г					·		•				_/0/	1785	
	PATEN	T APPLICAT Effe	TON FEE	DETERN tober 1, 20	IINA 003	TION REC	ORD	B			Docket No	umber	
CLAIMS AS FILED - PART I (Column 1) (Column 2) TOTAL CLAIMS								SMALL ENTITY OTHER THAN					
								YPE		O	OTHE SMAL	R THAN L ENTITY	
FOR TOTAL CHARGEABLE CLAIMS				73				RATE	FEE		RATE	FEE	
			NUMBI	NUMBER FILED		NUMBER EXTRA		BASIC FE	385.C	0 OF	BASIC FE	E 770.00	
			731	73 minus 20=		. 53		X\$ 9=	477	OF	XS18=		
IN	DEPENDENT	CLAIMS	3	3 minus 3 ±		6		X43=	- 1. / . /	7	Van	1	
М	ULTIPLE DEP	ENDENT CLAIM	PRESENT	RESENT			 		+		\ <u> </u>	 	
•	f the difference in column 1 is less than zero, enter "0" in column 2						L	+145=	 	OF	L		
7	CLAIMS AS AMENDED - PART II							TOTAL	36	OR	TOTAL		
\succeq	1. 24.CL	(Column 1)		(Column 2) (Column 3)			, -	SMALL	ENTITY	OR	OTHER SMALL	R THAN ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
	Total	- 2	Minus	***		=		X\$ 9=		OR	X\$18=		
E	Independent	ENTATION OF M	Minus /		<u> </u>	-		X43=		OR	X86=		
	·	ENTATION OF M	OLTIPLE DE	EPENUENT (LAIM			145=		1	+290=		
							L	TOTAL	 	OR			
		(Column 1)		(Column	12)	(Column 3)	ADI	OIT. FEE		JOH .	ADDIT. FEE		
		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus			=	X	\$ 9=		OR	X\$18=		
: L	Independent	*	Minus			=	×	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
								45=		OR	+290=		
		(Column 1)		.				T. FEE		OR A	DOIT. FEEL		
1	`	CLAIMS		(Column		(Column 3)	·			F			
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	LY	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Ŀ	Fotal	•	Minus	**	1	=	XS	9=		_t	X\$18=	FEE	
L	ndependent		Minus	*** .		=	-	3=		OR		——	
Ţ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						 - "	-		OR -	X86=		
ı"H	he entry in colun	nn 1 is less than the	ontou in entire	ma 2 www. see	la aster	2	+14	45 =		OR	+290≖		
	ne manest nun	ber Previously Paid nber Previously Paid	f For IN THIS	S SDACE in the	ni COLLE	TIII 3.		OTAL		OR A	TOTAL	· ·	